

GASOLINE THROUGHPUT SURVEY

OWNER NAME: _____

OWNER MAILING ADDRESS: _____

FACILITY NAME: _____

FACILITY PHYSICAL ADDRESS: _____

USING THE TABLES BELOW, PLEASE PROVIDE GASOLINE (GALLONS)
THROUGHPUT BY MONTH FOR EACH 12-MONTH PERIOD.

JAN. 200__	FEB. 200__	MAR. 200__	APR. 200__	MAY 200__	JUNE 200__	JULY 200__	AUG. 200__	SEPT. 200__	OCT. 200__	NOV. 200__	DEC. 200__

TOTAL GASOLINE THROUGHPUT FOR THE FIRST 12- MONTH PERIOD: _____

JAN. 200__	FEB. 200__	MAR. 200__	APR. 200__	MAY 200__	JUNE 200__	JULY 200__	AUG. 200__	SEPT. 200__	OCT. 200__	NOV. 200__	DEC. 200__

TOTAL GASOLINE THROUGHPUT FOR THE SECOND 12- MONTH PERIOD: _____

OWNER/OPERATOR: _____ (PRINT)

OWNER/OPERATOR: _____ (SIGN)

TITLE: _____

DATE: _____

PHONE: _____

PLEASE RETURN TO LADEQ/OFFICE OF ENVIRONMENTAL COMPLIANCE,
SURVEILLANCE DIVISION, P. O. BOX 4312, BATON ROUGE, LA, 70821.